## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/511519

| _                                                                                                                                                                                                                  |                   | CLAIMS A                                  |                      | FILED - PART I (Column 1) (Column 2) |                     |                  |           | SMALL ENTITY TYPE |                        |          | OTHER THAN          |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------|----------------------|--------------------------------------|---------------------|------------------|-----------|-------------------|------------------------|----------|---------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                       |                   |                                           |                      |                                      |                     |                  | BAT       | E                 | FEE                    | <b>~</b> | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                |                   |                                           | NUMBER FILED         |                                      | NUMBER EXTRA        |                  | BASIC     | FEE               | -                      | OR       |                     | neit                   |  |
| TOTAL CHARGEABLE (CLAIMS                                                                                                                                                                                           |                   |                                           | /Ø minus 20=         |                                      | •                   |                  | XS S      | 9=                | <u>-</u>               | OR       | X\$18=              | 1                      |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                 |                   |                                           | / п                  | ninus 3 =                            | •                   |                  | X43       | =                 |                        | OR       | V06                 |                        |  |
| М                                                                                                                                                                                                                  | JLTIPLE DEPE      | NDENT CLAIM F                             | PRESENT              |                                      |                     |                  | -145      |                   |                        | 7        |                     | <del> </del>           |  |
| If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                             |                   |                                           |                      |                                      |                     | column 2         | TOTA      |                   |                        | OR       | -290=<br>TOTAL      | (N X)                  |  |
|                                                                                                                                                                                                                    | C                 | LAÎMS AS A                                | MENDE                | MENDED - PART II                     |                     |                  |           | `` I              |                        | 700      | OTHER               | THAN                   |  |
|                                                                                                                                                                                                                    |                   | (Column 1)                                | (Column 2) (Column 3 |                                      |                     |                  | SMA       | LL E              | NTITY                  | OR       | SMALL               | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                                                        |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | ER<br>USLY          | PRESENT<br>EXTRA | RATI      | E                 | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| NON                                                                                                                                                                                                                | Total             | •                                         | Minus                | **                                   |                     | =                | XS 9      | =                 |                        | OR       | XS18=               |                        |  |
| AME                                                                                                                                                                                                                | Independent       | NEATION OF M                              | Minus                | ***                                  |                     | =                | X43=      |                   |                        | OR       | X86≐                |                        |  |
|                                                                                                                                                                                                                    | FIRST PRESE       | NTATION OF M                              | OLTIPLE DE           | PENDENT                              | CLAIM               |                  |           |                   | -                      | 1 1      | 200                 |                        |  |
|                                                                                                                                                                                                                    |                   | -                                         |                      |                                      |                     |                  | +145      |                   |                        | OR       | +290=               |                        |  |
| ·                                                                                                                                                                                                                  |                   |                                           |                      |                                      |                     |                  |           | AL<br>EE          |                        | OR ,     | TOTAL<br>ADDIT, FEE |                        |  |
|                                                                                                                                                                                                                    |                   | (Column 1)                                |                      | (Colum                               | n 2)                | (Column 3)       |           | -,                |                        |          |                     |                        |  |
| AMENDMENT B                                                                                                                                                                                                        |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIĞHE<br>NUMB<br>PREVIOL<br>PAID F   | ER<br>JSLY          | PRESENT<br>EXTRA | RATE      |                   | ADDI-<br>IONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                    | Total             | *                                         | Minus                | **                                   |                     | =                | X\$ 9=    |                   | •                      | OR       | X\$18=              |                        |  |
|                                                                                                                                                                                                                    | Incependent       | NTATION OF MU                             | Minus                | ENDENT                               | 21 0114             | =                | X43=      |                   |                        | OR:      | X86=                | ē                      |  |
|                                                                                                                                                                                                                    | TINOTPALSE        | MATON OF MC                               | CTIPLE DEF           | ENDENT                               | LAIM                |                  | +145=     |                   |                        | OR.      | +290=               |                        |  |
|                                                                                                                                                                                                                    | ·.                |                                           |                      |                                      |                     |                  | . 101/    |                   |                        | OR .     | TOTAL<br>DDIT. FEE  |                        |  |
|                                                                                                                                                                                                                    |                   | (Column 1)                                |                      | (Columi                              | n 2) <sup>.</sup> . | (Column 3)       | ADDIT. FE | -                 |                        | 1. ~     | OUN. FEEL           |                        |  |
| AMENDMENT C                                                                                                                                                                                                        |                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                    | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | R                   | PRESENT<br>EXTRA | RATE      | T                 | ADDI-<br>IONAL<br>FEE  |          | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                    | Total             | •                                         | Minus                | <b>frit</b>                          |                     | <b>=</b> .       | X\$ 9=    | 1                 |                        | OR       | X\$18=              |                        |  |
| d ME                                                                                                                                                                                                               | Independent       |                                           | Minus                | ***                                  | ·                   | =                | X43=      | +                 |                        |          | X86=                |                        |  |
|                                                                                                                                                                                                                    | FIRST PRESE       | NTATION OF MU                             | LTIPLE DEP           | ENDENT C                             | CLAIM               |                  | -         | 4-                |                        | OR       |                     |                        |  |
|                                                                                                                                                                                                                    | •                 |                                           |                      |                                      |                     |                  | +145=     |                   | İ                      | OR       | +290=               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE |                   |                                           |                      |                                      |                     |                  |           |                   |                        |          |                     |                        |  |
| 11                                                                                                                                                                                                                 | the 'Highest Nurr | iber Previously Pai                       | d For IN THIS        | SPACE is to                          | ess than            | 20' enter *20 *  |           |                   |                        | OR A     |                     |                        |  |